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Medical Sociology: A Brief Review

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A brief history of the development of medical sociology is presented here. In the first three decades of the twentieth century medical sociology was identified first with the field of social work and later with the field of public health. Not until the 1930s and the 1940s did the interrelations between society and the health sciences become of interest to sociologists.

After the close of World War II, the expansion of the National Institutes of Health and the interest of private foundations in interdisciplinary research stimulated and supported the growth of medical sociology as an area of research and teaching. During the 1950s, the field developed in two directions: sociology of *medicine, centered in departments of sociology in universities, and sociology* in *medicine, concentrated in schools of medicine and health care facilities.*

As training programs proliferated through the 1960s, the market for books on the subject grew quickly. Five textbooks on medical sociology are reviewed, and some suggestions are made about issues in need of study for the future development of the field.

Medical sociology involves the convergence of two academic disciplines with basically different histories. Medicine has been concerned with the treatment of disease from time immemorial, but sociology is a product of nineteenth-century thought. The term *sociology* was not coined until 1839 when Auguste Comte joined the Latin *socius* with the Greek *logus,* and sociology emerged as the study of society. A decade later, in 1849, Rudolf Virchow identified medicine as a social science (Virchow, 1851). Thirty years later, John Shaw Billings (Buck, 1897:5–6) linked public health to sociology. As early as 1894, Charles McIntire (1894: 425–426) described medical sociology as

> the science of the social phenomena of the physicians themselves as a class apart and separate; and the science which investigates the laws regulating the relations between the medical profession and human society as a whole; treating of the structure of both, how the present conditions came about, what progress civilization has effected, and indeed everything relating to this subject.

However, no systematic follow-up was made to these suggestions by either McIntire or by his readers.

In the early years of the twentieth century, medical sociology

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became identified with social work and public health. In 1902, Elizabeth Blackwell used the term *medical sociology* as a title for a collection of her essays on social work and public health. Eight years later, James P. Warbasse published his book *Medical Sociology,* which advocated health education (Rosen, 1972). In 1910, the American Public Health Association organized a section on sociology, with social workers and some physicians as members, but few sociologists identified with this organization. The section limped along until 1921, when it was abandoned.

In the 1930s and the early 1940s, a few sociologists, notably Michael M. Davis and Bernard J. Stern, were concerned with health, disease, physicians, and other medical topics. Programs of the New Deal to alleviate the problems of poverty and ill health centered attention on social welfare. World War II interrupted many of these programs, but it created new challenges that brought together scientists, engineers, medical practitioners, and men of affairs. When the war was over, the lessons of interdisciplinary cooperation learned during the years of crisis were not forgotten.

During the early postwar years, private foundations stimulated interdisciplinary activities: The Milbank Memorial Fund organized its annual conference in 1947 around social medicine; the annual conference in 1949 was focused on mental health. In 1949, the Russell Sage Foundation began its program for the utilization of the social sciences in professional practice. The cross-fertilization of ideas, combined with research support, stimulated interdisciplinary efforts to deal with social and medical issues of interest to social scientists and physicians.

The strengthening of the National Institutes of Health in the late 1940s, particularly the establishment of the National Institute of Mental Health, brought together researchers in the basic biological and social sciences and provided an opportunity for persons from the different academic disciplines to work together on the review of grant applications for the support of research by the federal government. From the very beginning, NIMH study sections included in their membership social scientists, specifically sociologists. (The present writer was one of these early sociologists to serve on an NIMH study section.) Colleagues on study sections began to communicate with one another; they became aware of the strong and weak points of one another's disciplines; they learned the limits of their own competence; and they came to

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respect one another. The interaction of professional persons with different ideas, interests, and training, combined with the availability of funds to support research, stimulated the convergence of medical and social scientists into the planning and execution of research projects. Thus, the development of medical sociology is related closely to the expansion of the National Institutes of Health.

During the 1950s, collaboration between physicians and sociologists was carried forward on two points: research and teaching. Both teaching and research began to be pursued in schools of medicine and schools of public health. A parallel development was the organization of training programs in departments of sociology. The combination of a research literature, trained manpower, and positions for sociologists in the health field, as well as in colleges and universities, laid a foundation for medical sociology as a substantive area of teaching, research, and service (see Hawkins, 1958). By the end of the 1950s, the mutual efforts of physicians, medical scientists, and sociologists had built a bridge between the health sciences and services and sociology. The foundations of the bridge are bedded, on the one side, in health services (medicine, epidemiology, life sciences) and, on the other side, in behavioral sciences (anthropology, psychology, sociology).

In the middle 1950s, Robert Strauss (1957) suggested that the emerging field of medical sociology might logically be divided into two parts: the sociology *of* medicine and sociology *in* medicine. This suggestion proved to be a watershed in the subsequent development of the field. Sociology *in* medicine has tended to be concentrated in schools of medicine, schools of public health, hospitals, and health departments. Sociology *of* medicine is centered in departments of sociology in colleges and universities. As time has passed, both sociology *in* medicine and sociology *of* medicine have focused their attention on the dimension of the field that is of interest at that moment.

The first graduate program leading to the Ph.D. in medical sociology was initiated by Yale University in 1954, with the first students entering training in July 1955. The field grew rapidly. By the fall of 1965, there were fifteen special graduate programs in medical sociology leading to the Ph.D. degree in departments of sociology in universities in the United States; in 1972, there were thirty-nine in the United States and Canada. In addition, in 1965, forty-three graduate departments in the United States offered

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courses in medical sociology; in 1972, forty-seven American and five Canadian universities offered graduate courses in medical sociology (see American Sociological Association, 1965; 1972–73). In 1955, only two sociologists held teaching appointments in schools of medicine and only two in schools of public health. A decade later, in 1965, fifty-seven sociologists held teaching appointments in schools of medicine and twenty-four held appointments in schools of public health (New and May, 1968). Figures are not at hand as to the number of sociologists holding appointments in schools of medicine and/or public health at the present time. To the best of our knowledge, there are one or more sociologists who have teaching appointments on the faculties of all schools of public health today, but not in all schools of medicine.

The American Sociological Association organized the Section on Medical Sociology in 1960. Within two years it became the largest section with a substantive interest in the association. This section has continued to attract the largest numbers of participants of any section within the association. The position of medical sociology was strengthened in 1966, when the *Journal of Health and Social Behavior* became an official publication of the American Sociological Association.

Today, interrelations between society and the health sciences are officially recognized. Research in the social and cultural aspects of health care has tripled since 1960, and medical sociology has been called a "new basic science" in medicine (White, 1973:25). In Great Britain, the inclusion of social science in basic medical education was sanctioned by the Royal Commission on Medical Education in 1968; in the United States, scores on behavioral science questions in Part I of the national board examinations were computed by the National Board of Medical Examiners (The National Board Examiner, 1971:1, 4; 1972:1) for the first time in 1973.

The market for textbooks, handbooks, and readers, created in the 1950s by developments mentioned above, has grown in the last decade, and numerous volumes, prepared as textbooks or sourcebooks, have been published in recent years. The literature on medical sociology (or behavioral science) has developed, in large part, since the early 1950s. It is not our purpose here to present a bibliography. Citations of hundreds of publications are given in the five books I have selected for comment here: (1) David

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Mechanic, *Medical Sociology: A Selective View;* (2) Rodney M. Coe, *Sociology of Medicine;* (3) Howard S. Freeman, Sol Levine, and Leo G. Reeder (eds.), *Handbook of Medical Sociology* (2nd ed.); (4) E. Gartley Jaco (ed.), *Patients, Physicians, and Illness* (2nd ed.); and (5) Mervyn W. Susser and W. Watson, *Sociology in Medicine* (2nd ed.).

Medical Sociology: A Selective View

Mechanic (1968) has developed a perspective of medical sociology that may serve as an introductory guide to teaching in this field. The perspective is based on the assumption that health and illness are to be understood in the larger context of striving by individuals to adapt to life situations. That is, individuals in given environments—those who are sick as well as those who deal with sick persons, whether in caring for them or in carrying out research on them—struggle to solve the problems they face within the context of their own needs. Thus, sickness and coping with sickness are essentially efforts to control the environment. This is the "stuff of human behavior" (Mechanic, 1968:2). Within this frame of reference, Mechanic develops the theme that an understanding of health and disease must be sought within the complex social and cultural pressures that enmesh persons in particular life situations. Hence, a knowledge of the coping process needs to be taken into account in dealing with sick people, in training health workers, and in planning services to prevent, control, or cure disease. Mechanic believes medical sociology cuts across the prevention of disease, the cure of disease, the training of health personnel, and the organizations society develops to cope with the illness. The text is divided into three parts: Part I (five chapters) is an explication of Mechanic's perspective on medical sociology; Part II (three chapters) examines methodological approaches to studying disease processes, demographic factors which influence morbidity and mortality, and the interplay between environmental stresses and disease; Part III (two chapters) is concerned with medical organization, primarily in the United States, and the environmental factors in hospitals that affect the course of illness and patient care.

There are two appendices to the volume. The first is focused

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on the ways hospital workers function to control their work and minimize uncertainty. The second explores the possibilities of using a coping approach to rehabilitate the mentally ill. A bibliography of 468 items is included.

This volume was designed as a text for beginning students. It is well written with clear transition from idea to idea. Many complex questions are too simplified to cover all dimensions of the problems at issue, but Mechanic deliberately chose and developed a selective view for this introduction to medical sociology.

Sociology of Medicine

This book is designed to provide to the beginning student "a sociological perspective and interpretation for the many facets of medicine and medical behavior" (Coe, 1970:vii). The focus is on interactions between the patient and the physician in an organizational context: the physician's office, the hospital, the medical school, and the community. The text is divided into four parts: Part I deals with disease and the sick person; Part II surveys health practices and practitioners; Part III examines health institutions, primarily the hospital; Part IV focuses on cost and organization of health services.

The viewpoint presented is that the field of medical sociology is concerned with the study of how disease affects human groups, the ways human groups react to disease, the institutions a particular culture develops to deal with disease, and the interrelations between institutions that provide medical care and the institutions in the society that support health care. In contemporary American society this viewpoint brings into the purview of medical sociology: the distribution of diseases in the population, their etiology, prevention, treatment, and control; the specific occupations concerned with the care of the sick—the medical, nursing, and paramedical professions; institutions especially devoted to the care of sick persons—hospitals, clinics, and supporting health services of all kinds; educational institutions to train health personnel—schools of medicine, nursing, and public health; pharmacies and pharmaceutical companies; voluntary associations developed around specific diseases; research organizations built around the search for causes, treatment, and cure of diseases; institutions developed to spread

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the costs of treatment, such as Blue Cross; and the impact of sickness on the patient and the family.

Coe explicitly states that his book is focused on an examination of medicine as a system of behavior. This is a good introductory text. It includes several topics, such as folk medicine and the role of organized medicine in public health, which are ignored or inadequately treated in the other volumes under review. Coe's textbook is more inclusive and contains more details than Mechanic's. In my experience, students prefer Coe's book to Mechanic's.

Handbook of Medical Sociology

The second edition of this handbook (Freeman et al., 1972) was organized and edited by the same men who were responsible for the first edition, published in 1963. The introduction to the first edition by Hugh R. Leavell is reprinted here; in addition, there is an introduction to the second edition by John H. Knowles. There is a bibliography on social research in health and medicine, and the ideas and data in each essay are supported by extensive references.

Each essay is a self-contained unit. There is very little overlap between the specific chapters in each of the four parts of the book: Part I, The Sociology of Illness (five essays); Part II, Practitioners, Patients, and Medical Settings (six essays); Part III, Sociology of Medical Care (five essays); and Part IV, Strategy, Method, and Status of Medical Sociology (three essays).

The authors are recognized in their fields (thirty-one are sociologists; five are physicians), and each has brought to bear in the essay prepared for this volume materials to support his contribution to particular facets of the general question of interrelations between society and health. The essays, for the most part, are well written and each brings specific issues into focus. The essay by the editors on the present status of medical sociology should be of considerable interest to professionals engaged in the care of the sick. The other essays are more focused and may be studied for the light they throw upon that segment of the field under review.

An essay on the evolution of social medicine by George Rosen (physician and medical historian) thoroughly reviews the

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high points of the interrelations between social factors and medicine through the years and suggests: "Perhaps, one should endeavor to introduce a new designation: *the sociology of health*" (Freeman et al., 1972:52). In addition, Patricia L. Kendall (sociologist) and George G. Reader (physician) have supplied a summary/evaluation of the contributions of sociology to medicine and a comprehensive overview of sociology in medicine.

This is a reference book rather than a textbook. It is a volume that should be consulted often by physicians and behavioral scientists.

Patients, Physicians, and Illness

This is a book of readings (Jaco, 1972). The individual contributions were prepared originally for publication in a professional journal or as a part of a larger research report, rather than as a chapter for a book. Consequently, each selection is focused on a particular problem, and each paper is loaded with footnotes. The reprints are organized into three parts: Part I, Society and Disease (seven articles); Part II, Societal Coping with Illness and Injury (thirteen articles); and Part III, Society and Health Care Administration (ten articles).

Although this anthology is published as a second edition, it is composed of essentially new materials. The two pieces retained from the 1958 edition are by Talcott Parsons and Albert F. Wessen. Forty authors are represented: thirty-nine behavioral scientists (primarily sociologists) and one physician. Jaco has prepared a brief introduction to each part of the book, but no effort is made to connect the thought structure of one article with that of another, and no summary or conclusion is included; the reprints just stop.

The primary value of this book is the inclusion of a series of interesting papers from disparate sources in a single volume. The subtitle, *A Sourcebook in Behavioral Science and Health,* is expressive of its potential use.

Sociology in Medicine

The first edition of this textbook (Susser and Watson, 1971) was published in 1962. The authors, a physician and a sociologist,

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draw upon their experiences in Africa, Britain, and the United States to illuminate the text. They skillfully interweave medical concepts—disease, illness, sickness, treatment, etiology, prevention, and so on—with sociological concepts—culture, society, economy, social structure, social class, status and role, social organization, social mobility, social change, social system, patterns of behavior, associations, institutions, bureaucracy, personality, the family cycle, the life arc, and social networks—and sociobiographical factors —race, sex, age, and constitution of the individual—into a very meaningful presentation of a complex body of data that clarify their subject matter, namely, sociology *in* medicine. The central thrust of the text is to the culture of the society in which the ill person lives.

The second edition has an up-to-date and extensive bibliography at the end of each of the eleven chapters. It includes twenty-two well-constructed statistical tables and forty-five figures, mainly line graphs and histograms. Stated simply, this is a carefully organized, smoothly written, well-documented, and well-illustrated application of sociological concepts to the field of medicine.

This text is likely to prove more useful to students in schools of medicine and public health than to graduate students in sociology. However, it should be of some value to the latter because it develops a perspective that is missing in the other books reviewed here.

The incorporation of three of the five books, reviewed briefly above, into a single source would provide the student in a graduate department of sociology or in a school of medicine or public health with divergent approaches to the field of medical sociology or act as a reservoir of detail upon which he could draw in the development of an understanding of interrelations among health, disease, medicine, and society. The present writer has had twenty years of experience teaching medical sociology to graduate students in sociology and public health and to physicians and nurses. My personal preference would be to use Coe, Freeman et al., and Susser and Watson. Another sociologist might prefer a different combination.

The five books reviewed here present, in summary form, the contributions made by medical sociology up to the late 1960s to our understanding of health and disease in Western urbanized societies. They also indicate the role played by medical sociolo-

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gists in the development of sociology, particularly since 1950. However, none of these books looks to the future. None of them asks the question: What remains to be done in future years to further the development of sociology *in* medicine and sociology *of* medicine?

I cannot offer a definitive answer to this question or satisfactory solutions to the problems it raises. For this, prolonged systematic thought and research are needed. However, I believe there are several issues that should be addressed before the future development of medical sociology can be demarcated to the satisfaction of medical scientists and sociologists. First, there are boundary problems to be worked out between sociology and health professions, organizations, and institutions. The key issue here is a definition of the role and status of the sociologist: What does the sociologist do? Will he be able to go, in Erving Goffman's terms, "back stage" (Goffman, 1956:152) and seriously examine health care and report his findings without being accused of disturbing the "doctor-patient relationship"?

Another area of concern is the impact of illness on the patient as well as on the nuclear and extended family. A neglected subject in the books under review is the role and function of the paramedical occupations in the care of the chronically ill, the disabled, and the aged. Research might be undertaken to study the role of new paramedical professions such as doctor's assistant and nurse practitioner. Systematic research is needed on the division of health care between the public and private sectors of our society and on the interrelations between health care and the medical-industrial complex—entrepreneurial medicine, the pharmaceutical industry, government, and the public. The evaluation of health care by a process more objective than the current peer review is indicated, but, while the voice of the consumer is being raised about the cost and quality of health care, sociologists have given little attention to the murmuring of the populace.

Medical sociology is in sore need of research on different approaches to health care prevalent in different cultures and societies. Before the universality of propositions enunciated as theory can be accepted without qualification, cross-societal studies of health care are indicated. The concepts that have been developed primarily in Western society, e.g., the concept of the sick role

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as formulated by Talcott Parsons, need to be tested in non-Western underdeveloped societies.

In future years, medical sociology will probably find the answers to these questions and will raise many new questions. We expect that the growth of the field will continue and, as it adapts to the issues and challenges of the times, it will meet the needs of society.

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